## (If you are licensed in Arkansas, please disregard this sheet) DATE TO: Arkansas Board of Registration For Professional Engineers and Land Surveyors P.O. Box 3750 (Name of Applicant) Little Rock, AR 72203-3750 (Street Address) FROM: (City) (State) (Zip) Social Security\_\_\_\_-\_ Date of Birth\_\_\_\_-I. THE ABOVE-NAMED PERSON WAS REGISTERED AS: Certificate Date Valid Number Until Issued ( ) ENGINEER-INTERN ) PROFESSIONAL ENGINEER ( ) LAND SURVEYOR-IN-TRAINING ( ) PROFESSIONAL LAND SURVEYOR \_\_\_\_\_ II. BASIS OF REGISTRATION: Hours Results NCEES **Exam Date** 1. ( ) WRITTEN EXAMINATION FE\_\_\_\_\_ PE Application Date: PE \_\_\_\_\_ FLS\_\_\_\_\_ PLS \_\_\_\_\_ STATE SPECIFIC/OTHER: ( ) EXAMINATION OPTION: (DISCIPLINE) 2. ( ) FE/FLS ACCEPTED FROM:\_\_\_\_\_ ( ) PE/PLS ACCEPTED FROM:\_\_\_\_\_ 3. ( ) Was the NCEES cut score Used? YES NO If NO, please explain\_\_\_\_\_ 4. ( ) Were veteran preference points applied to the score? ☐ YES ☐ NO If YES, please explain 5. ( ) GRADUATION AND EXPERIENCE: If combined time was less than 8 years experience or degree was a non-ABET engineering curriculum, please check here ( ) and give details on the other side. 6. ( ) Any disciplinary action taken ( ) Enforcement Exchange Please explain on reverse side III. REMARKS:

**Board Verification Request** Please include an envelope for your Board(s).

A STAMPED, ADDRESSED ENVELOPE IS ENCLOSED FOR RETURN OF THIS FORM.

If a fee is required, notify the applicant by phone, please do not delay the processing of this form.

BY:\_\_\_\_\_

DATE:

(Board Seal)